

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3		X				
4		X				
5		X				
6		X				
7		X				
8		X				
9		X				
10		X				
11		X				
12		X				
13		X				
14		X				
15		X				
16		X				
17		X				
18		X				
19		X				
20		X				
21		X				
22		X				
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45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	26					
TOTAL CLAIMS	29					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						